

Case Number:	CM15-0145615		
Date Assigned:	08/06/2015	Date of Injury:	03/16/2011
Decision Date:	10/07/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28-year-old female, who sustained an industrial injury on 3-16-2011. She reported a twisting injury to the left knee. Diagnoses include status post left knee arthroscopy. Treatments to date include activity modification, brace, medication therapy, physical therapy, and therapeutic injections. Currently, she complained of pain from surgery but slowly getting better. She is status post a second left knee arthroscopy on 2-17-15. On 6-9-15, the physical examination documented tenderness to patella and diminished sensation of lateral aspect. The plan of care included a request to authorize Percocet 10-325mg #90, Soma 350mg #60 and Xanax 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Percocet 10/325mg, 1 tablet by mouth 3 times a day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Based on the 6/9/15 progress report provided by the treating physician, this patient presents with slowly improving left knee post-surgical pain. The treater has asked for PERCOCET 10/325MG, 1 TABLET BY MOUTH 3 TIMES A DAY, #90 on 6/9/15. The patient's diagnosis per request for authorization dated 6/10/15 is s/p left knee arthroscopic surgery. The patient is s/p left knee arthroscopic partial medial meniscectomy from 2/7/15. The patient is using a crutch for ambulation and patient is instructed to be non-weight bearing for one week, after which physical therapy can begin per 2/10/15 report. The patient is having numbness, throbbing, and sharp pain when walking and sitting per 3/24/15 report. The patient has started physical therapy as of 4/28/15 report and is continuing therapy on 6/9/15 report with unspecified benefit. The patient's work status is "remain off work until 7/21/15" per 6/9/15 report. MTUS, Opioids, Longer Term Assessment Section, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS, Opioids, Criteria for Use Section, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) MTUS, Opioids, Criteria for Use Section, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. The treater does not discuss this request in the reports provided. It is not known when Percocet was initiated. Patient was prescribed Percocet on 2/25/15 report, a week after surgery. However, 3/24/15 report states that Percocet was discontinued and Norco was initiated. The utilization review letter dated 6/30/15 denies request as surgery was 4 months ago and there is lack of medical rationale. The current request for Percocet is concurrent with a request for Norco. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication has significantly improved patient's activities of daily living. A urine drug screen was consistent on 6/9/15 report, but no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

Norco 10/325mg, 2 tablets by mouth every 6 hours, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Based on the 6/9/15 progress report provided by the treating physician, this patient presents with slowly improving left knee post-surgical pain. The treater has asked for NORCO 10/325MG, 2 TABLETS BY MOUTH EVERY 6 HOURS, #240 on 6/9/15. The patient's diagnosis per request for authorization dated 6/10/15 is s/p left knee arthroscopic surgery. The patient is s/p left knee arthroscopic partial medial meniscectomy from 2/7/15. The patient is using a crutch for ambulation and patient is instructed to be non-weight bearing for one week, after which physical therapy can begin per 2/10/15 report. The patient is having numbness, throbbing, and sharp pain when walking and sitting per 3/24/15 report. The patient has started physical therapy as of 4/28/15 report and is continuing therapy on 6/9/15 report with unspecified benefit. The patient's work status is "remain off work until 7/21/15" per 6/9/15 report. MTUS, Opioids, Longer Term Assessment Section, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS, Opioids, Criteria for Use Section, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)MTUS, Opioids, Criteria for Use Section, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. The treater does not discuss this request in the reports provided. Patient was taking Norco on 2/10/15 report, before surgery. Treater switched from only Percocet to Norco as of 3/24/15 report. The utilization review letter dated 6/30/15 modifies request from #240 to #30. MTUS requires appropriate discussion of all the 4A's. The patient states that pain is 9-10/10 without medications, and with medication is 9/10 on VAS scale per 2/10/15 report. There is no pain scale of how effective Norco has been in dealing with post-operative pain. In addressing the 4A's, the treater does not discuss how this medication has significantly improved patient's activities of daily living. A urine drug screen was consistent on 6/9/15 report, but no CURES and no opioid contract provided. The treater does not discuss side effects or aberrant

behavior per review of reports dated 1/7/15 to 6/9/15. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

Soma 350mg, 1 tablet by mouth 2 times a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Based on the 6/9/15 progress report provided by the treating physician, this patient presents with slowly improving left knee post-surgical pain. The treater has asked for SOMA 350MG, 1 TABLET BY MOUTH 2 TIMES A DAY, #60 on 6/9/15. The patient's diagnosis per request for authorization dated 6/10/15 is s/p left knee arthroscopic surgery. The patient is s/p left knee arthroscopic partial medial meniscectomy from 2/7/15. The patient is using a crutch for ambulation and patient is instructed to be non-weight bearing for one week, after which physical therapy can begin per 2/10/15 report. The patient is having numbness, throbbing, and sharp pain when walking and sitting per 3/24/15 report. The patient has started physical therapy as of 4/28/15 report and is continuing therapy on 6/9/15 report with unspecified benefit. The patient's work status is "remain off work until 7/21/15" per 6/9/15 report. MTUS Guidelines, Carisoprodol (Soma) section, page 29 states: "Not recommended. This medication is not indicated for long-term use". MTUS Guidelines, Muscle relaxants (for pain) section, page 63- 63 under Carisoprodol (Soma, Soprodol 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. About the request for Soma, the requesting provider has exceeded guideline recommendations. It is not known if patient has been prescribed Soma; as review of reports dated 1/17/15 to 6/9/15 do not mention prior use of Soma. Utilization review letter dated 6/30/15 denies request, as there is no documentation of spasm. However, MTUS does not support the use of Soma for longer than 2-3 weeks. While this patient presents with significant chronic pain, the request for 60 tablets to be taken by mouth twice a day does not imply the intent to limit this medication's use to short-term. Therefore, the request IS NOT medically necessary.

Xanax 1mg, 1 tablet by mouth every night at bedtime, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax.

Decision rationale: Based on the 6/9/15 progress report provided by the treating physician, this patient presents with slowly improving left knee post-surgical pain. The treater has asked for XANAX 1MG, 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME, #30 on 6/9/15. The

patient's diagnosis per request for authorization dated 6/10/15 is s/p left knee arthroscopic surgery. The patient is s/p left knee arthroscopic partial medial meniscectomy from 2/7/15. The patient is using a crutch for ambulation and patient is instructed to be non-weight bearing for one week, after which physical therapy can begin per 2/10/15 report. The patient is having numbness, throbbing, and sharp pain when walking and sitting per 3/24/15 report. The patient has started physical therapy as of 4/28/15 report and is continuing therapy on 6/9/15 report with unspecified benefit. The patient's work status is "remain off work until 7/21/15" per 6/9/15 report. MTUS, Benzodiazepines Section, page 24 states, Not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. ODG Guidelines, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Treater does not specifically discuss this medication. Review of reports dated 1/17/15 to 6/9/15 does not show prior use of Xanax. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. This request for additional Xanax #60 would exceed guidelines recommendation, as it does not imply short-term use of this medication. Therefore, the request IS NOT medically necessary.